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INFLUENCE OF BEHAVIOURAL DISORDERS ON ACADEMIC PERFORMANCE OF UPPER BASIC EDUCATION STUDENTS IN NORTH CENTRAL NIGERIA

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ABSTRACT

The study investigated the influence of behavioural disorders on academic performance of upper education students in North Central, Nigeria. Seven research questions and five hypotheses were formulated to guide the study. A correlational research design was employed for the study. The population comprised six hundred and forty-five thousand, one hundred and seventy-seven (645,177) junior secondary school (JSS3) students in North-Central, Nigeria. The sample was four hundred (400) students. An instrument titled: Behavioural Disorder Questionnaire (BDQ) and were used for data collection. A reliability coefficient index of 0.86 was obtained using test-retest. The data collected was analyzed using mean scores, standard deviation, Pearson Product Moment Correlation Coefficient (PPMCC), t-test and Analysis of Variance (ANOVA). The findings showed that there is significant relationship between behavioural disorder and academic performance among senior secondary school students in North-Central, Nigeria. The finding also indicated that there is no significant difference in the prevalence of behavioural disorders between male and female students in upper basic education in North Central Nigeria. The finding equally revealed there is no significant difference in academic performance between male and female students diagnosed with behavioural disorders in North Central Nigeria. Based on their findings, it was recommended that there is a need for early screening protocols in schools to identify students at risk and offer timely psychological, medical or counselling support services.

Key Words: Behavioural disorders, academic performance, upper basic education, school students



Introduction

Education represents a critical pathway to individual empowerment and societal development. Indeed, the importance of education to the overall individual and national growth and development cannot be overstressed. However, contemporary educational discourse often emphasizes the challenges facing effective teaching and learning processes, aimed at evolving adaptive, functional, and responsive educational system (Abubakar & Mohammed, 2019). Behavioural disorders encompass a wide range of emotional and conduct-related challenges that affect children and adolescents, often manifesting in disruptive, impulsive, or aggressive behaviours. These conditions significantly hinder an individual's ability to maintain positive social interactions, adhere to rules, or focus on academic tasks (Ogunlade & Ojewumi, 2020). These disorders are known to impede attention, memory span, and comprehension. Behavioural disorders are often characterized by disruptive, aggressive, hyperactive or impulsive conducts, all of which distract students' attention and the needed focus in a learning environment.

Behavioural disorder is the consistent pattern of actions or response that disrupt a person's ability to function in daily life. Behavioural disorders are students' conducts and attitudinal irregularities such as impulsive, aggressive and disruptive behaviours (Farmer et al. 2015). Behavioural disorders pose significant challenges within educational settings, as they disrupt classroom activities and affect the learning of individuals without the disorders. Children with behavioural disorders often display a lack of emotional regulation leading to difficulties in forming relationships and adjusting to school routines. Their disruptive, aggressive and impulsive conducts in the classroom means less attention is paid to the lesson and as a result, comprehension that aids memory, is lost. Consequently, no knowledge or information is absorbed or stored to be retrieved and applied when needed. This will, of course, impact negatively on the students' academic performance and social integration. Barkley (2022) found that many students experience both behavioural disorders and learning disabilities, highlighting a dual burden that significantly hinders academic success and social integration. Behavioural disorders such as oppositional defiant disorder (ODD), conduct disorder (CD) and attention-deficit hyperactivity disorder (ADHD) often lead to disruptions in classroom activities, issues following instructions, and peer relationship difficulties. When these occur with learning disabilities like dyslexia, dyscalculia, and auditory processing disorders, it could have profound effect on educational outcomes of students.

Several studies have shown how behavioural disorder could pose significant challenges to academic performance of students in school. According to Afolayan and Balogun (2022) students often exhibit symptoms such as restlessness, difficulty concentrating, and persistent worry, all of which are hallmarks of anxiety disorders which can significantly disrupt learning and social interactions. Olayemi and Usman (2024) reported that the behavioural disorders are underdiagnosed in Nigerian youths, not necessarily because it is



absent, but due to low mental health awareness and limited access to professional assessment tools in schools. This is further confirmed by Apeh et al. (2023) who indicated that pressure on students to perform in school, daily academic activities, demand of extracurricular activities, test and examination, poor academic performance, poor relationship with classmates and teachers are some of the school-related factors of mental health of public senior secondary school adolescents. They further buttress that persistent headache due to regular classes, depression, difficulty in concentration, frustration, thought of suicide due to poor academic performance amongst others are some of the consequences of mental health issues. Koca (2022) discovered that both prevalence of behavioural disorders and academic performance among students in upper basic schools across North-Central Nigeria were above average. This suggests a complex educational landscape where students demonstrate a relatively commendable level of academic achievement while simultaneously exhibiting heightened levels of behavioural issues. Adegoke and Akinpelu (2023) reported that while many students in Nigerian basic education schools achieve moderate to high scores in core subjects like Mathematics and English, schools still grapple with increasing rates of disruptive behaviours, such as truancy, aggression, and defiance. Gidado and Zubair (2025) found that there is no significant relationship between test anxiety and academic achievement in senior secondary school students in South-West, Nigeria. They further highlighted that students with sufficient intellectual potential fail to achieve expected results, due to emotional pressures, ineffective study routines, or a diminished belief in their own capabilities. Ogunlade and Ojo (2022) revealed that behavioural disorder elements, persistent anxiety disorder significantly affected the relationship between behavioural disorders and academic performance.

However, Adeosun et al. (2023) observed that while boys may exhibit more externalizing behaviours and girls more internalizing symptoms, both patterns can equally impair learning processes and academic engagements. Furthermore, Ogunlade and Ojo (2022) emphasized that once behavioural challenges were present, gender becomes a less significant predictor of academic success compared to factors such as teacher response, school support systems, and parental involvement. Okonkwo and Ibrahim (2022) in their research indicated that behavioural disorders among junior secondary school pupils were equally common in North Central Nigerian urban and semi-urban schools for both boys and girls. They further revealed that externalizing behaviours, once believed to be primarily male dominance, are also becoming more common among girls, perhaps as a result of changing parenting practices, media exposure, and gender role changes. This also buttress the research by Gidado and Anyio (2023) who shows that there was no significant influence between male and female students in their manifestation of conduct disorder of secondary school students in North-Central, Nigeria.

Arising from the foregoing, the need to interrogate the influence of behavioural disorder on academic performance as it continues to generate interest among researchers and educationists especially in a setting like the North-Central, where the verse majority are



Muslim from different ethnic groups and tribes in the city becomes imperative. It is clear that the influence of behavioural disorder on academic performance in this region remains unaddressed and unexplored, the researchers examined the components that constitute behavioural disorders and its influence on academic performance of upper basic education in North-Central, Nigeria.

Theoretical Framework

Ecological Systems Theory

Ecological systems theory propounded by Uriel Bronfenbrenner (1979). Bronfenbrenner's theory posits that individuals are influenced by multiple interacting systems, ranging from immediate environments (microsystem) to broader societal and cultural contexts (macro-system). The theory posits that human development is influenced by five nested, interconnected environmental systems, ranging from immediate settings (family/school) to broad cultural context. Further highlights a nuanced understanding of how the interplay among familial, school-based, and societal dynamics and influences academic trajectory of individual's conduct. The theory acknowledges societal structures and environmental forces directly or indirectly affect an individual's conduct within society or school.

The theory is relevant to the study as it explains how human development is influenced by multiple environments we lived in. Also, highlight how individuals interact with different levels of influence which include family, peers, schools, communities and culture. The theory emphasizes further how dynamic development is and how social and environmental factors shaped it.

Research Questions

The following research questions were raised to guide the study.

1. What is the prevalence of behavioural disorders among upper basic education students in North Central Nigeria?
2. What is the academic performance of upper basic education students who suffer from behavioural disorders in North Central Nigeria?

Hypotheses

H₀₁: There is no significant influence of behavioural disorders on academic performance of upper basic education students in North Central Nigeria.

H₀₂: There is no significant difference in prevalence of behavioural disorders among male and female students in upper basic education in North Central Nigeria.

H₀₃: There is no significant difference between academic performance of behaviourally disordered male and female students in upper basic education in North Central Nigeria.

H₀₄: There is no significant difference in prevalence of behavioural disorders among upper basic education students in North Central Nigeria based on age range.

H₀₅: There is no significant difference in academic performance of behaviourally disordered students in upper basic education school in North Central Nigeria based on age range.



Methodology

Research Design

This study adopted a correlational research design of the correlational design enabled the researcher to determine the influence of behavioural disorders on academic performance of Upper Basic Education students in North Central Nigeria. This design is suitable for educational and psychological studies where variables such as behaviour and learning challenges are naturally occurring and ethically unsuitable for manipulation.

Population of the Study

The population of the study was all the six hundred and forty-five thousand, one hundred and seventy-seven (645,177) junior secondary school (JSS3) students enrolled in Upper Basic Education schools in North Central Nigeria (source: UBEC, 2024).

Sample Size and Sampling Procedure

The sample size for this study was 400 upper basic education JSS3 students. This size is in line with Glenn (1992) table of sample specification. The researcher adopted the stratified sampling technique to ensure a widespread sample by deliberately grouping all public upper basic education schools into their respective States and Abuja-FCT in North Central Nigeria. The researcher also used purposive sampling to select one public upper basic education school from each of the Six States and FCT to have an evenly spread seven (5) schools. A simple random sampling technique was equally employed to assign a sample of 80 to the first 5 selected schools with the highest population of JSS3 students each and this amounted to 400 respondents.

Instrumentation

The instrument used for data collection was a questionnaire. The questionnaire was a structured instrument developed by the researcher and validated by measurement and evaluation experts in the Faculty of Education, University of Abuja. The items of questionnaire were carefully tailored to elicit students' self-reporting on Behavioural Disorder status. The categorization and rating of the items in the questionnaire was based on the modified Four points Likert scale of Strongly Agree (SA) = 4, Agree (A) =3, Strongly Disagree (SD) =2, Disagree (D) =1.

The academic performance of students was operationalized as the arithmetic mean of each student's scores in English Language and Mathematics in BECE. These two subjects English and Mathematics were selected because they are universally designated core subjects in the curriculum, foundational to learning across disciplines, and are strong predictors of overall scholastic success.

Reliability of the Instrument

The reliability of the questionnaire was determined by conducting a pilot study with 50 respondents in schools outside the main study area. A test-retest method was employed to determine the reliability coefficient. The first test was administered to the students, two weeks later the same test was administered to the same students. Students' responses were



collated after which data collected was subjected to Pearson Product Moment Correlation Coefficient (PPMCC) which yielded reliability index of 0.86.

Method of Data Analysis

The descriptive statistical tools - percentages were used to analyse respondents' demographic data while mean scores, and standard deviation were used to address the research questions. Pearson Product Moment Correlation was used to test hypotheses one; t-test analysis was used to test hypotheses two and three while ANOVA was used to test hypotheses four and five.

Results

Research Question One: What is the prevalence of behavioural disorders among upper basic education students in North Central Nigeria?

Table 1: Prevalence of behavioural disorders among upper basic education students
N = 400

SN	Statements	Mean	Std. Dev
Behavioural Addiction			
1	I am addicted to internet browsing, playing games, shopping or watching TV etc. and it is difficult to stop.	3.34	.723
2	It is annoying and frustrating whenever I'm prevented from doing the above acts even though I feel guilty.	2.97	.913
3	I usually down-play, deny or hide the impacts of the addictions on my studies.	3.11	.798
4	I often like to sleep instead of working; reading or writing etc.	2.83	.891
5	I am addicted to eating a lot of food.	2.82	.912
6	I also spend a lot of time doing physical exercises.	2.98	.894
		3.01	.331
Persistent Anxiety Disorder			
7	I often experience excessive worry, panic attacks and feel rapid heartbeats for no just cause.	2.90	.929
8	Sometimes my heart palpitates, I feel dry mouth, shaky and sweaty hands, palms or feet, etc. especially when examinations approach.	2.80	.939
9	I often ruminate – thinking about a problem over and over again and unable to stop.	3.07	.766
10	I am often fearful of imaginary doom, danger, going crazy or dying for no apparent reasons.	3.17	.748
11	Sometimes I feel going crazy or dying for no reasons.	3.42	.640
12	I want to stop the above feelings but I cannot.	3.42	.611
13	I often experience excessive worry, panic attacks and feel rapid heartbeats for no just cause.	2.90	.929
		3.13	.424
Bipolar Disorder			
14	I am often excited, happy, jovial, friendly, accommodating and pleasant to everyone around me.	3.15	.860
15	I also experience sleeplessness, restlessness, talkativeness and disruptive to people around me.	3.14	.842
16	I have high self-esteem or ego and do not allow people to belittle me.	3.21	.817
17	Sometimes I do risky, impulsive things like reckless spending, rough plays, taking alcohol or drugs.	3.14	.769
18	My mood easily changes to feeling downcast, sad, worry, anxiousness, guilty, or hopelessness.	2.64	1.041
19	I also do relapse into indecisiveness, lack concentration, forgetfulness, sleep less or too much, eat too little or too much, distress, withdrawn, and I do have suicide thoughts.	2.61	.966
		2.98	.352
Obsessive-Compulsive Disorder			
20	I do have obsessive fears of making mistakes.	2.54	.989
21	I love orderliness, neatness, symmetry or perfection	2.65	.936
22	I often have strong concern for morality, right or wrong and self-identity.	2.95	.867
23	I do have obsessive fear of harming myself or others.	3.23	.764
24	Sometimes I have mental images for sexual acts.	3.02	.894
25	I always want to get rid of dirt or germs around me.	3.11	.737
		2.93	.357
Attention Deficit Hyperactivity Disorder			
26	I am often absent-minded and forgetful, impulsive and have difficulty sustaining a focus.	3.05	.742
27	I can be restless – unable to stay in a place for long.	2.96	.792
28	I often fidget, nervous and impatient.	3.21	.695
29	I usually act on impulse doing things without prior plans.	2.97	.773
30	I do often focus in a direction for long without paying attention to anything in particular but lost in inner thoughts.	2.82	.879
31	Sometimes I can be noisy and disruptive to others.	3.12	.819
		3.04	.390
Conduct Disorder			
3	I am often described as being aggressive, destructive, deceitful to peers etc.	3.30	.714
32	Sometimes I stay away from home or school when I am scolded for a wrongdoing.	3.15	.832
33	I often feel people want to harm me and want to defend myself or retaliate.	3.12	.847
34	People often describe me as a bully, a liar, one who like to steal people's property.	2.81	.919
35	Violation of rules, regulations or social standards are things I'm often accused of at home and in school.	3.05	.856
36	Sometimes I do not feel sympathy or empathy for anyone and I enjoy being with gangsters.	2.94	.935
		3.06	.363
Oppositional Defiant Disorder			



37	I am often irritable and easily angered.	2.81	.920
38	People say I am stubborn and troublesome.	2.84	.969
39	I think I'm revengeful, vindictive and do not forgive easily.	2.90	.881
40	Friends do accuse me of often blaming others for my mistakes.	2.97	.812
41	I argue a lot as I always want others to see things my own way.	3.30	.700
42	I often fail to obey rules and instructions.	3.10	.803
		2.99	.406
		3.02	0.375

Sectional Mean

As shown in Table 1, prevalence of behavioural disorders among upper basic education students in North Central Nigeria was presented. The result revealed that persistent anxiety disorder, with a mean score of 3.13 was the most prevalent of the behavioural disorders followed by conduct disorder 3.06, attention deficit hyperactivity disorder 3.04, behavioural addiction 3.01, oppositional defiant disorder 2.99, Bipolar personality disorder 2.98 while obsessive-compulsive disorder 2.93 was the least prevalent. The sectional mean of 3.02 was more than 2.50 mid-point in a four-point scale. It can therefore be concluded, statistically, that behavioural disorders were significantly prevalent among upper basic education students in North Central Nigeria.

Research Question Two: What is the academic performance of upper basic education students who suffered from behavioural disorders in North Central Nigeria?

Table 2: The Academic Performance of Upper Basic Education Students Who Suffered from Behavioural Disorders in North Central Nigeria

Variables	Minimum	Maximum	Mean
Mathematics	23.00	93.00	60.77
English Language	12.00	68.00	60.28
Academic Performance	29.00	85.50	60.53

As shown in Table 2, the academic performance of upper basic education students who suffered from behavioural disorder in North Central Nigeria was presented. Academic performance of upper basic education students who suffered from behavioural disorders in Mathematics had a minimum of 23 and maximum of 93 with a mean score of 60.77, their scores in English Language was a minimum of 12 and a maximum of 68, with a mean score of 60.28. Academic performance which was the mean average of both subjects were minimum of 29 and maximum of 85.50 with a mean performance of 60.53. The academic performance was 60.53% which was more than 50%. This meant that academic performance of upper basic education students who suffered from behavioural disorders was more than average.

Test of Hypotheses

The following hypotheses were tested at 0.05 level of significance:

H₀₁: There is no significant influence of behavioural disorders on academic performance of upper basic education students in North Central Nigeria.

**Table 3: Correlational Analysis between Behavioural Disorders and Academic Performance of Upper Basic Education Students**

Variables	N	$\bar{X}$	SD	r-cal	p-value	Decision
Behavioural Disorder and Academic Performance	325	3.03	0.33	.732	.066	Accepted

As shown in Table 3, a correlational analysis between behavioural disorder and academic performance of upper basic education students was carried out. The table revealed a mean of 3.03, standard deviation of 0.33 with an r value of .732. The table also indicates a p-value of .066 which is less than $p > 0.05$. This implies that there is no significant relationship between behavioural disorder and academic performance of senior secondary school students in North-Central, Nigeria.

H₀₂: There is no significant difference in the prevalence of behavioural disorders between male and female students in upper basic education in North Central Nigeria.

Table 4: t-test analysis on Prevalence of Behavioural Disorders Between Male and Female Students in Upper Basic Education

Gender	Number	Mean	S.D.	t-value	df	Sig(2-tailed)	Decision
Male	206	2.80	.209	-.012	398	.991	Accepted
Female	194	2.80	.198				

As shown in Table 4, the t-test analysis on prevalence of behavioural disorders between male and female students in upper basic education was presented. The table revealed a mean score of 2.80 with standard deviation of 0.209 for male students, while a mean score of 2.80 with standard deviation of 0.198 was obtained for female students. The table also indicates a calculated t-value of -0.012 at 398 degree of freedom with a p-value of .991 which is less than $p > 0.05$. Therefore, the null hypothesis was accepted. This implies that there is no significant difference in the prevalence of behavioural disorders between male and female students in upper basic education in North Central Nigeria.

H₀₃: There is no significant difference between academic performance of behaviourally disordered male and female upper basic education students in North Central Nigeria.

Table 5: t-test analysis on Difference Between Academic Performance of Behaviourally Disordered Male and Female Upper Basic Education Students

Gender	Number	Mean	S.D.	t-value	df	Sig(2-tailed)	Decision
Male	206	59.37	15.91	-.088	398	.930	Accepted
Female	194	59.48	15.48				



As shown in Table 5, a t-test analysis on difference between academic performance of behaviourally disordered male and female upper basic education students was carried out. The table revealed a mean score of 59.37 with standard deviation of 15.91 for male students, while a mean score of 59.28 with standard deviation of 15.48 was obtained for female students. The table also indicates a calculated t-value of -0.088 at 398 degree of freedom with the p-value of .930 which less than $p > 0.05$. Therefore, the null hypothesis was accepted. This implies that there is no significant difference in the academic performance of behaviourally disordered male and female upper basic education students in North Central Nigeria.

H₀₄: There is no significant difference in the prevalence of behavioural disorders among upper basic education students in North Central Nigeria based on age range.

Table 6: Analysis of Variance (ANOVA) on the Difference in Prevalence of Behavioural Disorders among Upper Basic Education Students in North Central Nigeria Based on Age Range

Age Range	N	Mean	SD	Behavioural Disorders	Sum of Squares	df	Mean Square	F	Sig
10 - 12 Years	91	2.87	.219	Between Groups	1.202	2	.601	15.138	.000
13 - 15 Years	153	2.78	.195	Within Groups	25.219	635	.040		
Above 15 Years	79	2.76	.182	Total	26.421	323			
Total	323	2.80	.204						

As shown in Table 6, Analysis of Variance (ANOVA) on the difference in prevalence of behavioural disorders among upper basic education students in North Central Nigeria based on age range was presented. The table indicates that 91 respondents with a mean of 2.87 between the ages of 10-12 years with F-value of 0.202. The table further shows 153 respondents with age ranging from 13-15 years with mean score of 2.78 and 79 respondents between the ages of 15 years above with the mean score of 2.76. The table further revealed a significant value of 0.000 with $p < 0.05$. Therefore, the null hypothesis was rejected. Therefore, there is significant difference in prevalence of behavioural disorders among upper basic education students in North Central Nigeria based on age range.



H₀₅: There is no significant difference in academic performance among behaviourally disordered upper basic education students in North Central Nigeria based on age range.

Table 7: Analysis of Variance (ANOVA) on the Difference in Academic Performance Among Behaviourally Disordered Upper Basic Education Students in North Central Nigeria Based on Age Range

Age Range	N	Mean	SD	Behavioural Disorders	Sum of Squares	df	Mean Square	F	Sig
10 - 12 Years	91	2.87	15.88	Between Groups	803.81	2	401.90	1.631	.197
13 - 15 Years	153	2.78	15.42	Within Groups	79487.55	63	246.44		
Above 15 Years	79	2.76	16.02	Total	157148.35	32			
Total	323	2.80	15.71			3			

As shown in Table 7, Analysis of Variance (ANOVA) on the difference in academic performance among behaviourally disordered upper basic education students in North Central Nigeria based on age range was presented. The table indicates that 91 respondents with a mean of 2.87 were between the ages of 10-12 years with F-value of 1.631. The table further shows 153 respondents with age ranging from 13-15 years with mean score of 2.78 and 79 respondents between the ages of 15 years above with the mean score of 2.76. The table further revealed a significant value of 0.197 with $p > 0.05$. therefore, the null hypothesis was accepted. Therefore, there is no significant difference in academic performance among behaviourally disordered upper basic education students in North Central Nigeria based on age range.

Discussion of Findings

The findings revealed that upper basic education students in North Central Nigeria displayed persistent anxiety disorder which emerged as the most prevalent behavioural challenges, whereas obsessive-compulsive disorder was found to be the least common. This finding is supported by the findings of Okonkwo et al. (2023) who found that high prevalence of persistent anxiety among students underscores the urgent need for targeted mental health interventions in schools, especially at the basic education level. It also highlights the importance of early screening and support programs to address the growing mental health burden among Nigerian adolescents. However, the finding contradicts with the finding of Gidado and Ugochukwu (2024) whose indicates that there is no correlation between test anxiety levels and academic achievement of students in the Federal Capital, Abuja. They further indicated that higher levels of test anxiety are associated with lower



academic achievement in students and an increased likelihood of school dropout. The finding is also in contrast with the finding of Gidado and Zubair (2025) who found that there was no significant relationship between test anxiety and academic achievement in senior secondary school students in South-West, Nigeria. They further highlighted that students with sufficient intellectual potential fail to achieve expected results, due to emotional pressures, ineffective study routines, or a diminished belief in their own capabilities. Similarly, the finding is consistent with the finding of Gidado and Lasisi (2025) who revealed that there is significant relationship between anxiety and academic achievement in senior secondary school students in FCT, Abuja, Nigeria.

The finding of this study also revealed that academic performance of students in upper basic schools across North-Central Nigeria was above average. The finding is in line with the finding of Umar and Mohammed (2024) who reported that while many students in Nigerian basic education schools achieve moderate to high scores in core subjects like Mathematics and English, schools still grapple with increasing rates of disruptive behaviours, such as truancy, aggression, and defiance. These behavioural challenges were often attributed to factors like peer pressure, socio-economic stress, parental neglect, and inconsistent school discipline policies. This finding also aligns with Mebu (2019) who established that psycho-educational interventions in Nigerian secondary school students who developed behavioural instabilities. He further buttress that academic standards and instructional quality should be continuously improved, equal attention must be given to behavioural management and students mental health support services which will foster educational environment, not just intellectual growth, but also emotional and behavioural resilience among learners. The finding consistent with the finding of Apeh et al. (2023) who indicated that pressure on students to perform in school, daily academic activities, demand of extracurricular activities, test and examination, poor academic performance, poor relationship with classmates and teachers are some of the school-related factors of mental health of public senior secondary school adolescents. They further buttress that persistent headache due to regular classes, depression, difficulty in concentration, frustration, thought of suicide due to poor academic performance amongst others are some of the consequences of mental health issues.

The study equally found that there is no significant relationship between behavioural disorder and academic performance among senior secondary school students in North-Central, Nigeria. The finding contradicts the findings of Barkley (2022) who found that many students experience both behavioural disorders and learning disabilities, highlighting a dual burden that significantly hinders academic success and social integration. The finding is also in disagreement with the findings of Murray et al. (2022) who reported that behavioural disorders such as oppositional defiant disorder (ODD), conduct disorder (CD), and attention-deficit hyperactivity disorder (ADHD) often lead to disruptions in classroom activities, issues following instructions, and peer relationship difficulties. When these occur with learning disabilities like dyslexia, dyscalculia, and auditory processing



disorders, the effects on educational outcomes can be profound. The finding is also at variance with the finding of Gidado and Diffang (2024) whose finding revealed a statistically significant relationship between conduct disorder and academic achievement of senior secondary school students in FCT, Abuja. They further highlighted that unstable home and unpeaceful learning environment could negatively affect learning skills and academic performance.

The study further revealed that there is no significant difference in the prevalence of behavioural disorders between male and female students in upper basic education in North Central Nigeria. The finding is in line with the finding of Gidado and Anyio (2023) who shows that there was no significant influence between male and female students in their manifestation of conduct disorder of secondary school students in North-Central, Nigeria. The finding is in variance with the finding of Loca, (2022) who reported that economic pressures related to school, insecurity and strained family dynamics affect both boys and girls behaviour in classroom. The finding also contradicts the findings of Nwachukwu et al. (2024) who hypothesized that behavioural disorders in schools contribute to lack of a significant gender difference. Since boys and girls are equally prone to behavioural issues in schools, educational stakeholders must place a high priority on early detection and support systems for all students, regardless of gender. The findings is at variance with finding of Okonkwo and Ibrahim (2022) who reported that behavioural disorders among junior secondary school students were equally common in North Central Nigerian urban and semi-urban schools for both boys and girls. According to their research, externalizing behaviours, once believed to be primarily male dominance, are also becoming more common among girls, perhaps as a result of changing parenting practices, media exposure, and gender role changes.

The finding is at variance with Adeosun et al. (2023) who observed that boys exhibit more externalizing behaviours and girls more internalizing symptoms, both patterns can equally impair learning processes and academic engagements. And Ogunlade and Ojo (2022), who found that gender is not a significant predictor of academic success when compared to factors like teacher response, school support systems, and parental involvement.

The study also revealed that there is significant difference in the prevalence of behavioural disorders among upper basic education students in North Central Nigeria based on age. However, the findings are in agreement with Nwachukwu and Salami (2024) who revealed that lack of significant age difference in academic behaviour disorders among these students could be indicative of an evolving educational environment in Nigeria, where teachers and schools are increasingly adopting inclusive strategies and psychosocial support systems, aimed at mitigating the academic risks posed by behavioural issues. Such interventions may be helping to level the playing field, making age less of a determinant in outcome. The finding contradicts the findings of Okoye and Nnamani (2021) who found no significant difference in the prevalence of behavioural disorders of senior secondary school students based on age range. The finding also aligns with the findings of Aderinto



et al., (2023) who reported that more inclusive and age-sensitive diagnostic approach is required to ensure early identification and support for all students with academic behavioural disorder, regardless of age differences. Educational stakeholders should also be trained to recognize diverse manifestations of academic behavioural disorder across age to reduce the risk of bias in diagnosis and support.

Conclusion

Based on the research findings, it can be concluded that a very significant number of upper basic education students in North Central Nigeria were victims of behavioural disorders and that a good proportion of them also suffered from the two mental health conditions.

It was revealed that the students' academic performance was not significantly influenced by behavioural disorders as separate mental health conditions. However, those students that were victims of behavioural disorders had their academic performance significantly influenced.

The North Central Nigerian upper basic education students exhibited more symptoms of persistent anxiety disorder as the most prevalent of all the elements of behavioural disorders. It also had the strongest influence on the students' academic performance, while obsessive-compulsive disorder is the least reported.

Recommendations

In the light of the findings of this study, the following recommendations were made:

1. Since persistent anxiety disorder was found to be the most prevalent behavioural disorder, there is a need for early screening protocols in schools to identify students at risk and offer timely psychological, therapeutic, medical or counselling support services.
2. Educational authorities should incorporate mental health education and support systems into the curriculum and school activities to address the prevalence of anxiety and other behavioural issues, including those less prevalent like obsessive-compulsive disorder.
3. Persistent anxiety disorder significantly predicted academic outcomes. Schools should adopt evidence-based interventions such as cognitive behavioural therapy (CBT), mindfulness programmes, and peer support groups to reduce anxiety-induced academic impairment.
4. With no significant gender difference in behavioural disorders prevalence and influence on academic performance among students with behavioural issues, interventions should be uniform and inclusive, rather than being gender-targeted in the area.
5. Similarly, since male and female students with behavioural disorders perform similarly academically, academic support programmes should be designed to cater to all genders equally in terms of access and resources allocation.
6. Given the age range disparities in prevalence of behavioural disorders among upper basic education students in the study area, age-appropriate



psychoeducational interventions should be implemented to target developmental variations in behaviours regulation.

7. As age range did not affect academic performance in students with behavioural disorders, educational standards and support systems can remain consistent for the students across age grades.

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